

**REMARKS**

Claims 1 – 15 are pending in this application with claims 1 – 3, 11, 14 and 15 being amended by this response. Support for the amendments to the claims can be found throughout the specification and drawing figures and, more specifically, on page 6, lines 19 – 30; page 8, lines 10 - page 9, line 25 and in Figure 3. In view of the above support for the amendments to the claims, it is respectfully submitted that no new matter has been added.

**Rejection of claims 1-15 under 35 U.S.C. 103(a)**

Claims 1-15 are rejected under 35 U.S.C. 103(a) as being unpatentable over Sackler (U.S. Patent No. 5,235,507) in view of Hambright (U.S. Publication No. 2003/0018496).

Amended claim 1 provides a system for processing a record identifying a liability of a financially responsible party. An acquisition processor acquires a record identifying a portion of a charge related to a service provided to a particular patient by a health provider organization. A data processor identifies a party financially responsible for the charge portion and identifies an account type associated with the charge portion using predetermined rules. The financially responsible party is a guarantor undertaking to pay said charge portion. The data processor determines whether an account of that type exists for the identified financially responsible party by searching records representing an account of the type of the identified financially responsible party and initiates creation of an account of that type in response to a determination an account of that type does not exist. The account of that type incorporates data indicating a sum collected in payment of the charge portion by the identified financially responsible party. A record processor associates the acquired record with the account of that type. For the reasons presented below, Sackler when taken alone or in combination with Hambright, fail to disclose or suggest each feature of the present claimed system.

The claimed system advantageously facilitates multiple billing offices of a healthcare organization in processing patient claim reimbursement payments by designated guarantors for a particular patient or patients. The claimed arrangement correlates specific charges for healthcare services with specific accounts for a specific guarantor thereby allowing a particular business office to facilitate collection of payment from a party, other than a primary insurance (or other payer organization) that is financially responsible for the charge. Sackler (with Hambright) fail to disclose or suggest a system equivalent to the claimed arrangement.

Sackler provides a health insurance management system that verifies the insurance status of the claimant and identifies the appropriate policy for the claimant. The Sackler system calculates the amount to be paid to the healthcare provider and identifies the amount, if any owed by the claimant to the healthcare provider (see Abstract). The Rejection asserts that Sackler, in column 1, line 50, provides a system for “identifying a party financially responsible for said charge portion”. However, Sackler fails to disclose or suggest that “said party financially responsible [is] a guarantor undertaking to pay said charge portion”. A “guarantor” as defined by the present specification is “a person or organization who promises or guarantees to pay for that portion of the patient’s health related services that are not covered by the patient’s insurance plan”, for example a guarantor may be any of the “patient, relative, friend, employer, court, trust etc” (see Application page 18, definition for Guarantor). Unlike the present claimed system, Sackler is merely concerned with patient insurance policies and the rights attributable to the patients under those policies regarding payment of outstanding medical services. Sackler specifically sets forth that the described system is an insurance management system for processing insurance claims using a computer (col. 1, lines 5 – 8). Sackler merely determines what amount is to be paid by insurance and, if there is any remaining amount owed, Sackler determines the amount and assigns the remaining amount to the claimant.

Sackler operates at an entirely different point in the healthcare payment process cycle and is only concerned with specific patient insurance policies and what is owed by which party in view of those policies. This is fundamentally different from the claimed system which facilitates record creation and record maintenance for parties other than primary payer organizations that may be responsible for specific healthcare charge portions for particular patients. The claimed system specifically relates to accounts for guarantors who are entities that are entirely separate from insurance companies or other primary payer organizations. Sackler fails to disclose or suggest a system that contemplates guarantor account creation and management for specific charge portions “related to a service provided to a particular patient by a healthcare organization”. Sackler is merely concerned with identifying amounts to be paid by specific parties under a policy and then, if the amounts are exceeded, the Sackler system defaults to the patient and expects payment from the patient. This is fundamentally different from the claimed system which identifies “a party financially responsible for said charge portion...said party financially responsible is a guarantor undertaking to pay said charge portion” and involving “identifying an account type associated with said charge portion, using predetermined rules”. Sackler has no reason

to perform the claimed features because Sackler merely parses insurance policies to determine an amount owed for a particular service. Sackler does not determine “whether an account of said type exists” for the “guarantor” “by searching records representing an account of said type of the identified financially responsible party”. Sackler merely determines the amount of payment covered by an insurance company under a patient insurance plan. Thus, the only searching performed by the Sackler system is searching different insurance plans for different patients and NOT “searching records representing an account of said type of the identified financially responsible party” as in the claimed arrangement. The Sackler system operates at an entirely different point in the reimbursement process cycle. Sackler determines which party is liable for which charge. This is fundamentally different from the claimed system which is only concerned with the payment obligations of a party that is NOT an insurance company but rather one who will pay leftover charges NOT covered by the insurance company. The claimed system advantageously allows multiple offices to track multiple guarantors of “a portion of a charge related to a service provided to a particular patient”. Sackler fails to disclose or suggest these features.

The Rejection acknowledges that Sackler fails to disclose or suggest “initiating creation of an account of said type in response to a determination an account of said type does not exist, said account of said type incorporating data indicating a sum collected in payment of said charge portion by the identified financially responsible party”. However, the Rejection cites Hambright in support of the assertion that the claimed feature is disclosed. Applicant respectfully disagrees. Hambright, which is commonly owned by the Assignee of the present claimed system, merely describes creating a record that contains an estimated amount to be owed by an expected guarantor. Specifically, paragraph 0038 of Hambright, relied on in the Rejection fails to disclose or suggest “initiating creation of an account type...said account of said type incorporating data indicating a sum collected in payment of said charge portion by the identified financially responsible party” as in the claimed arrangement. Unlike the claimed system, Hambright “creates a Guarantor Reimbursement Allocation 717 for the Inpatient Reimbursement record 713. Guarantor Reimbursement Allocation contains the **expected** reimbursement amount that is guaranteed by a Guarantor” (paragraph 0038). Hambright alone or in combination with Sackler fails to disclose or suggest a data processor that initiates creation of an “account type incorporating data indicating a sum collected in payment of said charge portion by said identified financially responsible party” as in the claimed system. The claimed system incorporates the sum of money collected AFTER ADJUDICATION of the claim by a payer organization. The “account type” created

by the claimed system is record of receivables billed and COLLECTED for specific health care charge portions associated with particular services provided to the patient. Unlike the claimed system, Hambright merely describes creation of a record PRIOR TO claim adjudication by a payer organization. Because the Hambright record includes a value relating to “**expected** reimbursement amount that is guaranteed by a Guarantor”, the Hambright (with Sackler) system functions at an entirely different point in time in the reimbursement process cycle. The claimed system incorporates the sum collected from the guarantor as determined AFTER claim adjudication has taken place. Hambright merely discusses preparing a patient record for adjudication as well as adjudication of that record and deals only with “potential liabilities” (see para. 0041). Hambright (with Sackler) is not at all concerned with a sum that has already been collected from a guarantor.

Moreover, the record created in Hambright is not equivalent to the “account of said type” that is created “in response to a determination an account of said type does not exist”. The claimed system defines “account type” as a collection of guarantor accounts (Application, page 18) and these account types may include one or more receivables (Application page 6, lines 19 – 20) which are “the smallest unit of debt for which a provider may expect payment” and, in the healthcare context, the receivable is “the portion of the charge for medical services” (Application page 5, lines 19 – 22) attributable to the “ party financially responsible being a guarantor undertaking to pay said charge portion” as claimed. The reimbursement record as used in Hambright is NOT “an account of said type” that is created by the claimed system. Unlike the present claimed system, the reimbursement record of Hambright which contains the estimated amount to be owed by a Guarantor is defined on page 6 second column of Hambright as a:

“grouping of services needed to correctly calculate expected reimbursement, bill and perform followup. In the healthcare field, services are initially associated with an Encounter, thereby allowing the clinician the “view” of the data that they require. The Reimbursement record provides another view of those services (charges) and is based on specific reimbursement rules.

A reimbursement record is a particular grouping of services for one or more encounters that **will be** reimbursed together by the primary responsible party as a unit.”

Thus, Hambright merely provides a record listing the expected amount to be owed by a guarantor prior to the actual adjudication of the claim. This is NOT creation of an

account type for a guarantor “incorporating data indicating a sum collected in payment of said charge portion by the identified financially responsible party” as in the claimed arrangement.

Both Sackler and Hambright provide systems that operate at entirely different point in time than the present claimed system. Specifically, both Sackler and Hambright operate PRIOR to claim adjudication. Sackler merely seeks to check claims against a claimants insurance policy and, if a portion is not covered, outputs an amount to be paid by the claimant. Hambright provides a system that creates a record of listing of charges for healthcare services that are not covered and thus, is an amount **expected** to be paid by a guarantor. However, Sackler when taken alone or in combination with Hambright, both provide a system that operates PRIOR TO CLAIM ADJUDICATION. This is fundamentally different from the claimed system that identifies “a party financially responsible for said charge portion... party financially responsible being a guarantor undertaking to pay said charge portion, and for identifying an account type associated with said charge portion”. Sackler (with Hambright) evaluates insurance claim records and associated values in the records to ensure accurate adjudication of the claims according to the specific insurance policy. Sackler (with Hambright) fail to disclose or suggest “initiating creation of an account of said type in response to a determination an account of said type does not exist, said account of said type incorporating data indicating a sum collected in payment of said charge portion by the identified financially responsible party” as in the claimed arrangement. As discussed above Sackler (with Hambright) is not at all concerned with creating an account for a guarantor for a particular patient at all and certainly fails to disclose or suggest account creation that includes data “indicating a sum collected in payment of said charge portion by the identified financially responsible party”. Consequently, withdrawal of the rejection of claim 1 is respectfully requested.

Claim 2 is dependent on claim 1 and is considered patentable for the reasons presented above with respect to claim 1. Claim 2 is also considered patentable because Sackler (with Hambright) fail to disclose or suggest that the “account of said type incorporates data indicating a deposit comprising an advance payment towards said charge portion prior to performance of said service” and “said account of said type is associated with a business office of said health provider organization” as recited in claim 2. As discussed above, Sackler (with Hambright) are not at all concerned with, and are unable to create an account type for a guarantor that includes data regarding payment already collected from the “financially responsible party” who is the guarantor on the account for that patient. Sackler is not at all concerned with

payments made by a claimant and instead, is only concerned with amounts due for services performed. Hambright, as discussed above, provides a record that is used in reimbursement processing that contains data values that are determined prior to adjudication and thus, are expected values that are owed by a guarantor. Thus, Sackler (with Hambright) merely provides records for pre-adjudication processing. There is no disclosure in either Sackler or Hambright of incorporation of data representing an advance payment made on a specific “charge portion **prior to performance of said service**”. Both Sackler and Hambright determine what is owed by a particular party and do not contemplate advance payment for a service by a “party financially responsible” that is a guarantor for a particular patient as in the claimed system. Sackler and Hambright deal with potential liabilities for different parties that make up a healthcare reimbursement system and are NOT concerned with data representing actual amounts collected from a guarantor as in the claimed system, for example “a deposit comprising advance payment towards said charge portion prior to performance of said service”. Consequently, withdrawal of the rejection of claim 2 is respectfully requested.

Claim 3 is dependent on claim 2 and is considered patentable for the reasons presented above with respect to claims 1 and 2. Claim 3 is also considered patentable because Sackler (with Hambright) fail to disclose or suggest that “data indicating said sum collected in payment is determined after adjudication of a claim by a payer organization” and “said charge portion comprises a portion of said charge related to said service provided to said particular patient by said health provider organization and said charge portion is un-reimbursable under medical insurance of said particular patient” as in the claimed system. As discussed above, Sackler (with Hambright) are only concerned with identifying all potential liabilities at a given time under a given insurance plan in order to facilitate accurate processing of an insurance claim. Thus, Sackler (with Hambright) provide systems to prepare for claim adjudication and thus, data in records used by Sackler and/or Hambright are NOT “determined after adjudication of a claim by a payer organization” as in the claimed arrangement. Rather, they are values present BEFORE claim adjudication and represent potential or expected amounts. These expected amounts are NOT “data indicating a sum **collected** in payment of said charge portion” by the guarantor. Consequently, withdrawal of the rejection of claim 3 is respectfully requested.

Claim 4 is dependent on claim 2 and is considered patentable for the reasons presented above with respect to claims 1 and 2. Claim 4 is also considered patentable because Hambright (with Sackler) fail to disclose or suggest that “said record

processor accumulates records of charge portions related to services provided to said particular patient in a record representing said account of said type to determine financial liability of said guarantor payable to said business office” as in the claimed arrangement. The Rejection cites paragraph 0033 of Hambright in support of the assertion that this feature is disclosed. Applicant respectfully disagrees. As discussed above, Hambright creates records that include data representing expected or potential liabilities of a guarantor. These records are then used in claim adjudication. This is fundamentally different from the claimed system which creates records types for the guarantors that include “a sum collected in payment of said charge portion” by the guarantor. Moreover, paragraph 0033 of Hambright merely discusses applying benefit information of a patient policy to identify the expected reimbursement amount from payer organizations as well as the “potential liability” of the guarantor. Thus, these are records to aid in viewing the amounts due and from who they are owed. There is nothing in this section of Hambright (with Sackler) or elsewhere that enables accumulation of records of charge portions related to services provided in a record “representing said account type” for the guarantor to determine the financial liability of the guarantor. The accounts created by the claimed system incorporate data that is available after claim adjudication because the data represents a sum that has already been collected. Thus, the claimed system is advantageously able to determine the remaining financial liability of the guarantor to the specific business office while taking into account both the “sum collected” and any “advance payment” made by the guarantor. Hambright (with Sackler) fail to disclose or suggest this feature. Consequently, withdrawal of the rejection of claim 4 is respectfully requested.

Claim 5 is dependent on claim 4 and is considered patentable for the reasons presented above with respect to claims 1, 2 and 4. Consequently, withdrawal of the rejection of claim 5 is respectfully requested.

Claims 6 - 10 are dependent on claim 1 and is considered patentable for the reasons presented above with respect to claim 1. Consequently, withdrawal of the rejection of claims 6 – 10 is respectfully requested.

Independent claim 11 is considered patentable for the reasons presented above with respect to claim 1. Consequently, withdrawal of the rejection of claim 11 is respectfully requested.

Claims 12 and 13 are dependent on claim 11 and is considered patentable for the reasons presented above with respect to claims 1 and 11. Consequently, withdrawal of the rejection of claims 12 and 13 is respectfully requested.

Independent claim 14 is considered patentable for the reasons presented above with respect to claim 1. Consequently, withdrawal of the rejection of claim 14 is respectfully requested.

Independent claim 15 is considered patentable for the reasons presented above with respect to claim 1. Consequently, withdrawal of the rejection of claim 15 is respectfully requested.

Having fully addressed the Examiner's rejections, it is believed that, in view of the preceding amendments and remarks, this application stands in condition for allowance. Accordingly then, reconsideration and allowance are respectfully solicited. If, however, the Examiner is of the opinion that such action cannot be taken, the Examiner is invited to contact the applicant's attorney at the phone number below, so that a mutually convenient date and time for a telephonic interview may be scheduled.

Respectfully submitted,



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